

Town of Needham
FSA and HRA Services
RFP 15GEN115G

Notice to All Prospective Bidder

Deadline for written questions	12:00 p.m. Friday, November 7, 2014
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ADDENDUM #1 RELEASED (MONDAY, NOVEMBER 10, 2014)

The Town of Needham is issuing this Addendum to address the following question received:

1. Why is the Town bidding at this time?

Response: The current contract expires on 12/31/14. The Town is seeking proposals for the continuation of these services.

2. Are there any service issues to be mitigated; or are there any services sought that are not currently provided?

Response: In its RFP, the Town has provided an overview of the required services. Bidders are expected to submit proposals explaining how they will effectively offer the required services, as put forth by the Town.

3. Please provide the current fee structure for both FSA and HRA.

Response: \$43.20/person/year HRA; \$43.20/person/year FSA if both medical and dependent care; \$43.20/person/year if only one FSA plan type

4. Why is the HRA plan being discontinued?

Response: The current HRA program is sun-setting contractually.

5. Please describe the eligible benefits that can be reimbursed through the HRA. Page 17 lists a few items. Is the plan intended to cover all Section 213(d) expenses? Please describe what the "in excess of the dollar threshold and co-pay share" means.

Response: See attached HRA reimbursement forms. Contractually the items listed are the only items eligible for reimbursement. Excess of the dollar threshold is a bargained amount.

6. Page 18 indicates claims can be paid twice monthly. Will the Town consider other claim frequencies?

Response: Claims can be paid twice month via check/weekly via direct deposit" is the minimum acceptable; bidders may offer a greater frequency.

7. Does the plan accept an insurance file from the carrier for purposes of HRA claims?

Response: No

8. Page 14 indicates the provider will conduct seminars and attend open enrollment sessions. Please indicate the number of meetings, days, locations, etc. anticipated.

Response: No information available at present for this schedule. Will only be FSA related since HRA's are sun-setting with no opportunity for informational seminars.

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9. Page 15 requests “examples of acceptable claim documentation.” Does this mean you wish to have a detailed description, or actual copies of EOBs, itemized statements, prescription receipts, etc.?

Response: It would be the expectation of the Town for the Vendor to determine what will be acceptable documentation as employees submit claims for FSA and HRA’s

10. Does the Town have a debit card in place now? Can you confirm that the card process is compliant with IRS regulations? For example, are there any dollar thresholds under which documentation is not requested, or any other situation in which documentation is required but not requested?

Response: Yes, a Debit card is currently in place. Documentation is not required for FSA debit card spending unless not accepted by vendor and another form of reimbursement is necessary. HRA reimbursement requires documentation for all claims.

11. Page 15 indicates provider must accept claims via email. Due to HIPAA constraints, emailed claims are not accepted. Will this disqualify our firm?

Response: No, the Town would not disqualify Bidders who cannot meet requirements due to Federal Law constraints. The Town would prefer vendors that can provide secure email.

12. Page 16 describes the funding method. Will other funding methods be considered?

Response: The Town is unclear on this question. Currently, FSA is deducted from employee checks and forwarded by accounting; HRA funding is upon submission from vendor after claims are processed.

** The Town also received a request for the RFP to be provided in Word document, which it has granted. Please see related documents.

The above information was prepared by or in consultation with: **David Davison, ATM/Director of Finance/CPO; Christopher Coleman, ATM/Director of Operations; Elizabeth Dennis, Human Resources Director; Sophie Grintchenko, Human Resources Administrator; Tatiana Swanson, Finance and Procurement Coordinator.**

Bidders are reminded to acknowledge receipt of any and all addendums.



Address: P.O. Box 1300, Manchester, NH 03105

Phone: (888) 401-3539 Fax: (603) 647-4668

**Town of Needham Health Reimbursement Arrangement (HRA)
Claim Voucher
JULY 1, 2013 TO JUNE 30, 2014**

Employee: _____ SS#: _____
(only last 4 digits)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Health Plan: Network Blue NE

This reimbursement is for subscriber and family members enrolled in a "Rate Saver" Health Plan.
All expenses must be incurred between **July 1, 2013 to June 30, 2014**.

A	B	C	D	E	F
Type of Medical Care	Amount Charged	Reimbursable Amount	Number of visits, incidents, or prescriptions	Total Reimbursement (C x D)	Amount to be applied participant's FSA (B - C) x D
<i>Ex: Office Visit</i>	\$15	\$10	3	$\$10 \times 3 = \underline{\$30}$	$\$15 - \$10 = \$5 \times 3 = \underline{\$15}$
Office Visit Tier 1	\$15	\$10			
Tier 2	\$25	\$20			
Tier 3	\$45	\$40			
Office Visit Specialist/Vision	\$45	\$40			
ER Visit Copay	\$100	\$75			
Inpatient Tiers	\$250/\$500	\$250/\$500			
Day Surgery Tiers	\$150/\$250	\$150/\$250			
Diagnostic Imaging Tiers	\$75/\$150	\$75/\$150			
Rx-Retail Tier 1	\$15	\$10			
Rx-Retail Tier 2	\$30	\$20			
Rx- Retail Tier 3	\$50	\$25			
Rx-Mail Order Tier 1	\$30	\$25			
Rx-Mail Order Tier 2	\$60	\$50			
Rx-Mail Order Tier 3	\$100	\$75			
Total HRA Reimbursement Amount				\$	
Total FSA Reimbursement Amount					\$

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the Town of Needham Health Reimbursement Arrangement. I have not been reimbursed from any other source including insurance programs or other programs offered by my employer. None of these expenses have previously been submitted. I understand and agree that since these expenses are to be reimbursed they may not be claimed as deductions for income tax purposes.

All medical claims submitted require copies of original invoices or receipts.

Participant's Signature: _____ Date: _____



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Town of Needham Health Reimbursement Arrangement (HRA)

Claim Voucher

JULY 1, 2013 TO JUNE 30, 2014

Employee: _____ SS#: _____
(only last 4 digits)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Health Plan: Fallon SelectCare & Direct Care EPO Rate Saver

This reimbursement is for subscriber and family members enrolled in a "Rate Saver" Health Plan.
All expenses must be incurred between **July 1, 2013 to June 30, 2014**.

A	B	C	D	E	F
Type of Medical Care	Amount Charged	Reimbursable Amount	Number of visits, incidents, or prescriptions	Total Reimbursement (C x D)	Amount to be applied participant's FSA (B - C) x D
<i>Ex: Office Visit</i>	\$20	\$15	3	$\$15 \times 3 = \underline{\$45}$	$\$20 - \$15 = \$5 \times 3 = \underline{\$15}$
Office Visit Copay	\$20	\$15			
Office Visit Specialist Copays	\$40	\$35			
ER Visit Copay	\$75	\$50			
Inpatient Copay	\$250	\$250			
Same Day Surgery Copay	\$125	\$125			
Diagnostic Imaging	0	0			
Rx-Retail Tier 1	\$10	\$5			
Rx-Retail Tier 2	\$25	\$10			
Rx- Retail Tier 3	\$45	\$10			
Rx-Mail Order Tier 1	\$20	\$10			
Rx-Mail Order Tier 2	\$50	\$20			
Rx- Mail Order Tier 3	\$90	\$0			
Total HRA Reimbursement Amount				\$	
Total FSA Reimbursement Amount					\$

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Town of Needham Health Reimbursement Arrangement (HRA)

Claim Voucher

JULY 1, 2013 TO JUNE 30, 2014

Employee: _____ SS#: _____
(only last 4 digits)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Health Plan: Harvard Pilgrim EPO Rate Saver

This reimbursement is for subscriber and family members enrolled in a "Rate Saver" Health Plan.
All expenses must be incurred between **July 1, 2013 to June 30, 2014**.

A	B	C	D	E	F
Type of Medical Care	Amount Charged	Reimbursable Amount	Number of visits, incidents, or prescriptions	Total Reimbursement (C x D)	Amount to be applied participant's FSA (B - C) x D
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Office Visit Specialist Copays	\$40	\$35			
ER Visit Copay	\$75	\$45			
Inpatient Copay	\$250	\$250			
Same Day Surgery Copay	\$125	\$125			
Diagnostic Imaging	0	0			
Rx-Retail Tier 1	\$10	\$5			
Rx-Retail Tier 2	\$25	\$15			
Rx- Retail Tier 3	\$45	\$20			
Rx-Mail Order Tier 1	\$20	\$10			
Rx-Mail Order Tier 2	\$50	\$30			
Rx- Mail Order Tier 3	\$90	\$15			
Total HRA Reimbursement Amount				\$	
Total FSA Reimbursement Amount					\$

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Town of Needham Health Reimbursement Arrangement (HRA)

Claim Voucher

JULY 1, 2013 TO JUNE 30, 2014

Employee: _____ SS#: _____
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Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Health Plan: Tufts Navigator Rate Saver

This reimbursement is for subscriber and family members enrolled in a "Rate Saver" Health Plan.
All expenses must be incurred between July 1, 2013 to June 30, 2014.

A	B	C	D	E	F
Type of Medical Care	Amount Charged	Reimbursable Amount	Number of visits, incidents, or prescriptions	Total Reimbursement (C x D)	Amount to be applied participant's FSA (B - C) x D
<i>Ex: Office Visit</i>	\$20	\$15	3	$\$15 \times 3 = \45	$\$20 - \$15 = \$5 \times 3 = \15
Office Visit Copays	\$20	\$15			
Office Visit Specialist Copays	\$40	\$35			
ER Visit Copay	\$75	\$50			
Inpatient Tier 1	\$150	\$150			
Inpatient Tier 2	\$250	\$250			
Same Day Surgery Copay	\$125	\$125			
Diagnostic Imaging	\$75	\$75			
Rx-Retail Tier 1	\$10	\$5			
Rx-Retail Tier 2	\$25	\$15			
Rx- Retail Tier 3	\$45	\$20			
Rx-Mail Order Tier 1	\$20	\$10			
Rx-Mail Order Tier 2	\$50	\$30			
Rx- Mail Order Tier 3	\$90	\$40			
Total HRA Reimbursement Amount				\$	
Total FSA Reimbursement Amount					\$

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